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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/518.505	01/31/2005	Sami Povkko	59643.00549	8447

TITLE OF INVENTION: SIGNAL PATH DETECTION FOR WIRELESS NETWORKS INCLUDING REPEATERS

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300	\$0 97/68/2008 AN	\$1740 OHDAF2 90000113 105	07/14/2008 518595		
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1501		1440.00 OP		
AMINZAY, SHAIMA Q		2618	455-011100	02 FC:1504		300.00 OP		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attornively, e firm (having as a memb agent) and the names of u meys or agents. If no nam	pera 2 & Demp	Sanders osey L.L.P.		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Nokia Corporation  Espoo, Finland								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government  4a. The following fec(s) are submitted:  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  Ab. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  Let be submitted:  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2222 (enclose an extra copy of this form).								
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